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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000063647 (8)

1. Corporation Name
ART BLU, INC.



Principal Place of Business
3309 MCFARLAND RD
TAMPA FL 33618

Mailing Address
3309 MCFARLAND RD
TAMPA FL 33618-3917

3. Date Incorporated or Qualified 08/16/1995	3a. Date of Last Report 05/30/1996
4. FEI Number 59-3370838	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. 3309 MCFARLAND RD Suite, Apt. #, etc.	2a. Mailing Address 26. 3309 MCFARLAND RD. Suite, Apt. #, etc.
22. N/A City & State	27. N/A City & State
23. TAMPA, FL Zip	28. TAMPA, FL Zip
24. 33618 Country	29. 33618 Country
25. USA	30. USA

9. Name and Address of Current Registered Agent

CAMPISCIANO, JILL H
3309 MCFARLAND RD
TAMPA FL 33618

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Jill H. Campisciano*, JILL HATCHER CAMPISCIANO 4/11/97
Signature of the person or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CAMPISCIANO, BILLY M		1.2 NAME	
STREET ADDRESS 3309 MCFARLAND RD		1.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33618		1.4 CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CAMPISCIANO, JILL H		2.2 NAME	
STREET ADDRESS 3309 MCFARLAND RD		2.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33618		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *Billy M. Campisciano*, BILLY MICHAEL CAMPISCIANO 4/11/97 813-969-6172
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)